
International Association for Ambulatory Surgery (IAAS)

The 12th International Congress on Ambulatory Surgery

"Beijing Declaration"

Equity, Accessibility and Efficiency

Ambulatory Surgery to Promote Global and Universal Health Coverage

1. Surgeons, anesthesiologists, nursing staff and health managers of ambulatory surgery from around the world will gather in Beijing, China on May 5 to 10, 2017, to participate in the 12th International Congress on Ambulatory Surgery.

We would like to thank the organizers of the China National Health and Family Planning Commission (NHFPC), National Health Development Research Center (NHDRC) the China Ambulatory Surgery Alliance (CASA) and the China Association for Science and Technology (CAST) for their contributions and efforts. At the same time, we would like to extend our most sincere thanks to the sponsors and leaders of the event, the International Association for Ambulatory Surgery (IAAS), its Executive Committee and General Assembly.

This event is a milestone for the poor in the world, as we will call on developed and developing governments worldwide, the United Nations and its associated organizations, global non-governmental organizations and foundations for the poor, as well as physicians, surgeons and anesthesiologists, nursing staff and health managers around the world to take the initiatives to implement the most efficient and cost-effective ambulatory surgeries and thereby to equitably promote the accessibility to surgical services for the poor.

2. The first publication on the principles and practice of ambulatory surgery was in 1909 by the British physician James H. Nicoll. The concept was disseminated and adopted across Europe and the USA, and has since gradually been accepted by the international medical community.

IAAS has proposed the international definition of ambulatory surgery. In the IAAS book "Day Surgery- Development and Practice",(2006):

"A surgical day case is a patient who is admitted for investigation or operation on a planned non-resident basis and who none the less requires facilities for recovery. The whole procedure should not require an overnight stay in a hospital

bed.”

The goal is for the patient to go home on the same calendar day. To further clarify, ambulatory surgery programs should start with a basket of a limited number of simple cases to ensure success, before embarking on major ambulatory surgery that is likely to lead to 23-hour hospital stays.

The implementation process must be guided by overarching principles. The policy brief “Day Surgery: Making it Happen” was developed by IAAS for the European Observatory on Health Systems^[1] and Policies (2007). The conclusions are summarized as 10 Key Recommendations:

1. Consider ambulatory surgery, rather than inpatient surgery, the norm for all elective procedures
2. Separate flows of ambulatory surgery patients from inpatients
3. Design ambulatory surgery facilities according to local needs, structurally separate from inpatient facilities whenever possible
4. Provide ambulatory surgery units with independent management structures and dedicated nursing staff
5. Take advantage of motivated surgeons and anesthesiologists to lead the change
6. Achieve economies by ensuring that expansion of ambulatory surgery facilities is accompanied by reductions in inpatient capacity
7. Invest in educational programs for hospital and community staff
8. Remove regulatory and economic barriers
9. Align incentives
10. Monitor and provide feedback on results (including patients’ views)

With attention to ambulatory surgery principles, surgeries and procedures that used to be given inpatient overnight admission can instead successfully be discharged at the end of the same day.

3. IAAS was established in Europe in 1995. This organization promoted the rapid popularization and development of ambulatory surgery in the OECD countries. Current member countries are Australia, Belgium, China, Colombia, Denmark, Finland, France, Germany, Hungary, India, Italy, Japan, Netherlands, Norway, Portugal, Spain, Sweden, United Kingdom, and United States of America.. Since the beginning of this century, the transitional countries in Central and Eastern Europe have developed ambulatory surgery rapidly.

The mission of IAAS is:

To promote the worldwide development and growth of high quality ambulatory surgery (day surgery). Ambulatory surgery has proven itself to be a high-quality, safe and cost-effective approach to surgical health care. In this light, IAAS members work together to carry out this mission free of partisan spirit and prejudice and are committed to the values of solidarity and equity of access to healthcare.

The IAAS objectives are:

- To promote the development of high quality ambulatory surgery.
- To stimulate the formation of national associations for ambulatory surgery.
- To promote education and training in ambulatory surgery for surgeons, anesthesiologists and nurses.
- To encourage multi-disciplinary working in ambulatory surgery.
- To stimulate research in ambulatory surgery.
- To form a database of ambulatory surgery and anesthesia.
- To promote the international exchange of knowledge and experience in ambulatory surgery.
- To organize seminars and conferences on ambulatory surgery.
- To develop internationally agreed guidelines for the practice of ambulatory surgery.
- To publish the peer reviewed international journal, *Ambulatory Surgery*.
- To collaborate with International healthcare bodies.

IAAS initiatives are guided by the spirit of collaboration between member associations and of solidarity with the less wealthy situations. Therefore the IAAS is committed to implementing the various tasks on a volunteer basis.

It is particularly worth mentioning that in 2013 CASA joined as a member of IAAS. In the past four years, with the support of the IAAS, promoted by CASA, ambulatory surgery has been developing rapidly in China. Especially since 2014, the Chinese government has adopted a national policy to promote ambulatory surgery that remarkably promoted the rapid development of ambulatory surgery in China. High efficiency and cost reduction of ambulatory surgery directly improve the access of the general population, including the poor, to utilize of surgical treatment with specific diseases.

China's successful experience, especially in the economically underdeveloped areas of central and western China, has led us to realize that we have reached the moment where the ambulatory surgery will be extended to Asia, Africa, Latin America and the world at large.

4. Universal safe and sufficient surgical care. Globally, more patients need surgery than there are resources available to provide that care. (Global Surgery 2030, Lancet Commission 2015) Ambulatory surgery is a critical path to reaching the goals of universal safe and sufficient surgical care. Economically, ambulatory surgery is more resource-efficient due to shorter and more predictable surgery length, decreased case turnover times, staffing reductions with the absence of overnight care, and better use of high-cost operating room apparatus and supplies, reserving inpatient facility resources for more complex and emergency cases. Ambulatory surgery frees up resources enabling better overall health coverage and a reduction of health inequalities within the same country and between countries. The patient benefits of

ambulatory surgery include facility stays measured in hours, not days, which enable a larger number of patients to be treated and reduces time on waiting lists. With ambulatory surgery, patients benefit by experiencing reduced disruption of their daily routines, with lower levels of absence from work or problems providing care for others. From the patient perspective, the goal of ambulatory surgery is to be able to return to their normal functioning as soon as possible.

5. Focus will be placed on the most vulnerable groups, in particular the poor, the disabled, women and children, the elderly, to ensure that ambulatory surgery benefits everyone who needs surgical care.

6. We recognize that the importance of "people could access to medical care when get sick" in global initiatives and the role that the United Nations and its associated organizations, Governments, regional, intergovernmental and non-governmental organizations all will play important roles in promoting that commitment.

7. Resource input and supervision. We are dedicated to the promotion of ambulatory surgery, which requires increased input. We call on governments to:

- Increase the investment in manpower, material and financial resources in the existing health system to establish ambulatory surgery centers or ambulatory surgery wards.
- Increase the input on the training of doctors, anesthesiologists, nurses and medical managers, so that they can grasp skills required by ambulatory surgery.
- Support these investments by establishing a variety of technical protocols, guidelines, specifications and managerial manuals (regulations) to ensure the quality and safety of ambulatory surgery.
- Establish national evaluation, supervision and management mechanisms and systems to ensure the effectiveness and safety of ambulatory surgery.

8. Assuring quality of ambulatory surgery services. Patients deserve high quality ambulatory surgery services. IAAS is dedicated to assessing the quality of ambulatory surgery through benchmarking of volume as well as process and outcomes measurement. IAAS has a long record of collecting, analyzing and sharing ambulatory surgery quality data, and will serve as the data warehouse for quality as this practice is implemented worldwide.

9. Ambulatory surgery training. Dissemination of information and exchange of good practices are key factors to creating synergy and reducing disparities. The

IAAS is fully committed to providing training for trainers in developing countries. We will develop a series of training courses in clinical technology, medical management and supervision for the trainers in regions in Asia, Africa and Latin America through theoretical and technical teaching and field observation.

We are also committed to strengthening scientific and technological innovation as well as more effective information and communication technology services. These must be provided to consolidate training, disseminate knowledge, access information, as well as to improve learning quality and efficiency.

10. In addition, it is particularly noteworthy that the world today there is people living in conflict-affected areas; the crises, violence, attacks, and natural disasters and epidemics that exacerbate the difficulties and challenges of health facilities providing services. Ambulatory surgery should pay attention to and meet the needs of the poor, the elderly, women, children and adults, including those who are displaced and refugees.

We do hope that ambulatory surgery can be implemented in a safe, supportive, stable, and non-violent environment. We propose the development of a crisis response mechanism, from emergency response to recovery and reconstruction, to better coordinate national, regional and global responses and to reduce the risk of integrated risks to ensure that ambulatory surgeries could be done normally in the context of conflicts, emergencies, after-the-conflict, and early recovery period.

11. We reaffirm that successful ambulatory surgery worldwide depends on the concerted efforts of Governments of the World. Successful ambulatory surgery relies on the United Nations-owned international organizations, and global non-governmental organizations together. Also it requires developed countries to lend a helping hand to the developing countries for their full support.

12. The 12th International Congress on Ambulatory Surgery carries forward the legacy of James D. Nicoll. The Beijing Declaration is a historic commitment and aspiration of all of us. We will achieve this through a new vision to enhance global access to health care by all vulnerable populations, including the poor. With resolute and creative actions by the international community as well as relentless efforts in the next decade, we will be able to achieve the ambitious goal by 2030 that ambulatory surgery would be implemented worldwide, and all the poor people in the world would have access to health care.